

M16000008772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

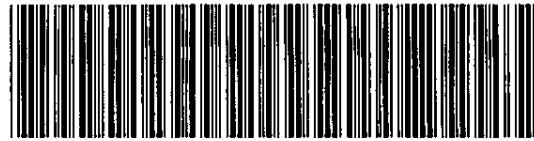
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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W16000061168

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DIVISION OF CORPORATIONS

16 OCT 31 PM 3:21

FILED

The Lynch Law Group

Tracy L. Zihmer
tzhimer@lynchlaw-group.com

October 26, 2016

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

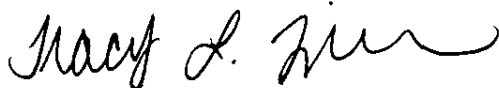
Re: Frame Florida, LLC
Ref. No. W16000061168

Dear Sir/Madam:

Per your correspondence dated October 13, 2016, a copy of which is enclosed, enclosed please find our returned Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and another copy of the Certificate. You have retained our check. Please proceed with processing the enclosed Application.

Please do not hesitate to contact me if you have any questions or need any additional information.

Sincerely,



THE LYNCH LAW GROUP, LLC
By: Tracy L. Zihmer

Enclosures

RECEIVED
2016 OCT 31 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLG

www.lynchlaw-group.com

Cranberry Professional Park • 501 Smith Drive, Suite 3 • Cranberry Township, PA 16066

P: 724-776-8000 • F: 724-776-8001

65

The Lynch Law Group

Tracy L. Zihmer
tzihmer@lynchlaw-group.com

October 5, 2016

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Frame Florida, LLC
Ref. No. W16000061168

Dear Sir/Madam:

Per your correspondence dated September 23, 2016, a copy of which is enclosed, enclosed please find our returned Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida along with the requested Certificate of Good Standing dated within ninety (90) days. You have retained our check. Please proceed with processing the enclosed Application.

Please do not hesitate to contact me if you have any questions or need any additional information.

Sincerely,



THE LYNCH LAW GROUP, LLC

By: Tracy L. Zihmer

Enclosures

LLG

www.lynchlaw-group.com

Cranberry Professional Park • 501 Smith Drive, Suite 3 • Cranberry Township, PA 16066

P: 724-776-8000 • F: 724-776-8001



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 SEP 22 PM 2:41

TALLAHASSEE, FLORIDA

September 7, 2016

TRACY ZIHMER
501 SMITH DR, STE 3
CRANBERRY TOWNSHIP, PA 16066

SUBJECT: FRAME FLORIDA, LLC
Ref. Number: W16000061168

We have received your document for FRAME FLORIDA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 816A00018810

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Frame Florida, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Tracy Zihmer, Esq.

Name of Person

Lynch Law Group, LLC

Firm/Company

501 Smith Drive, Suite 3

Address

Cranberry Township, PA 16066

City/State and Zip Code

tzhimer@lynchlaw-group.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Zihmer

724

776-8000

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Frame Florida, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Pennsylvania

(Jurisdiction under the law of which foreign limited liability company is organized)

3. pending

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4898 NW 3rd Avenue

Boca Raton, FL 33431

(Street Address of Principal Office)

6. 9108 Sundance Drive

Bridgeville, PA 15017

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

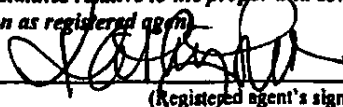
(City)

Florida 33470

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Kathy Shin on behalf of InCorp Services, Inc.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Michael Parees, 9108 Sundance Drive, Bridgeville, PA 15017, President

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael F. Parees

Typed or printed name of signer

FILED
16 OCT 31 PM 3:21
DIVISION OF CORPORATIONS

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

10/05/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Frame Florida, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC161005090263-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>